



College of
Registered Nurses
of Manitoba

Application Package

Registered Nurse (Nurse Practitioner)

Effective April 1, 2021

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College of
Registered Nurses
of Manitoba

Instructions for Registered Nurse (Nurse Practitioner) Applicants

Application Process

Our primary mode of communication with applicants is by email. Please provide a valid email address on your application form and check your email (including your junk folder) on a regular basis. Once your application has been reviewed, you will receive a confirmation email outlining all requirements needed to complete the application process.

You must meet the requirements to be registered with the College of Registered Nurses of Manitoba in the registered nurse membership class and in the registered nurse (nurse practitioner) membership class. If you do not currently hold a valid certificate of practice in the RN membership class with the College you will need to also complete the application for registration in the registered nurse membership class to obtain a certificate of practice.

Assessment for a certificate of practice in the RN(NP) membership class requires the College to open a file for you to begin your application process. **We do not keep any documentation received before an application file has been opened and assigned an applicant number.**

To be assessed for eligibility for a certificate of practice in the registered nurse (nurse practitioner) membership class, the College must receive the following documentation:

- Application form
- Verification of Registration (if applicable)
- Verification of Practice Hours (if applicable)
- Proof of identification
- Professional liability protection

Application

Complete the application for registration in the registered nurse (nurse practitioner) membership class and return it with the non-refundable application processing fee. Your completed application should only be sent once by fax or mail to prevent duplicate charges to your credit card.

Verification of Registration

Verification of registration is required for all current RN(NP) registrations in any other jurisdiction as well as any previous RN(NP) registration(s) held in the last seven years. To obtain a verification, complete the upper portion of the request for verification of registration form and submit it to the appropriate regulatory body/bodies where are currently or were previously registered as an RN(NP).

You may make copies of this form if you need more than one. The regulatory body/bodies must complete the form and return it directly to the College. Verifications of registration are valid for one year from the date they were completed or sooner if an expiry date is indicated. **Faxes, photocopies and scanned copies will not be accepted.**

Verification of Practice Hours

If applicable, complete the upper portion of the request for verification of practice hours form and submit it to all employers for whom you have worked as an RN(NP) in the past three years. Employers must complete the form and return it directly to us on your behalf.

Proof of Identification

Acceptable forms of identification include a copy of your:

- passport
- permanent resident card
- driver's license
- other government-issued picture identification and marriage/divorce certificate (only to verify name change)

Professional Liability Protection

You will need to wait for an email with your ID number so you can provide this number to the coverage provider when obtaining your professional liability protection. You are required to obtain RN(NP) professional liability protection through the Canadian Nurses Protective Society (CNPS). If you already have this as an RN, you will need to upgrade your insurance to RN(NP). There are two options to purchase or upgrade:

1. **Purchase a membership with the Association of Regulated Nurses of Manitoba (ARNM)**, which includes professional liability protection from CNPS. Confirmation of your protection will be communicated to the College by ARNM on your behalf. Please contact the ARNM directly if you have questions about this option: www.arnm.ca
2. **Obtain professional liability protection directly from CNPS.** Confirmation of your protection will be communicated to the College by CNPS on your behalf but it may take up to two business days for this to happen. Please contact CNPS directly if you have questions about this option: www.cnps.ca

Next Steps

If there are inconsistencies in any of the information you provide during the application process, we reserve the right to require additional supporting documentation, which may be over and above the items outlined above. The College may make improvements or changes to the information described at any time without notice.

Your registration assessment will begin once we receive all requirements.

Fees

Registration fees vary depending on the time of year. You can find a full list of fees on our website:

crnm.mb.ca/applicants/nurse-practitioners

Questions?

Contact our registration team Monday through Friday, 8:30 a.m. to 4:30 p.m.

204-774-3477 ext. 300

1-800-665-2027 (toll-free in Manitoba)

registration@crnm.mb.ca



Application for Registration

Registered Nurse (Nurse Practitioner) Membership Class

Submission of this application does not guarantee registration. Do not make life or career decisions based on the probability that you may be registered. Plan ahead for the time it will take to receive and review all required documents and complete our evaluation.

Declaration:

I understand that this is an application form only and that I must meet the criteria for registration outlined in *The Regulated Health Professions Act* (the RHPA) and the College of Registered Nurses of Manitoba General Regulation. I understand that in order to practise nursing in Manitoba, I am required by law to hold a valid certificate of practice with the College of Registered Nurses of Manitoba (the College) before I commence employment as a registered nurse (nurse practitioner), including any orientation.

OFFICE USE ONLY	Date	Signature
Approved for the RN(NP) membership class		
Approved for the RN (NP-interim) membership class		
Date received: _____ Reference no. _____ Payment amount: _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD Batch no. _____ Date entered: _____ Date completed: _____ Completed by: _____ Item code: APP_RNEP-GLACCOUNT: 30130-10		

Applicant Information

_____	_____	_____
Last name	First name	Middle name
_____	_____	
Former/alias/other names	Address	
_____	_____	_____
City/town	Province/state	Country
_____	_____	_____/_____/_____
Postal/zip code	Phone	Date of birth (yy/mm/dd)

Email		

1. Are you currently registered as an RN in Manitoba? YES NO

If yes, what is your six-digit registration number? _____

2. Have you been referred for and/or completed a competency assessment (such as a substantially equivalent competency assessment) in another Canadian province/territory? YES NO

If yes, indicate the province/territory: _____ and date: _____

Did you complete the assessment? YES NO

If yes, what was the outcome? _____

If not, why not? _____

3. Have you written an approved RN(NP) exam (CNPE, PNCB-Pediatric, AANPCP-Adult Gerontology)? YES NO

If yes, please indicate exam date(s) and province/state.

Date: _____ Jurisdiction: _____

Date: _____ Jurisdiction: _____

Date: _____ Jurisdiction: _____

4. Do you hold current active practicing registration of any kind (including licensed practical nurse registration) in any jurisdiction(s) including Manitoba, Canada or worldwide? YES NO

If yes, please provide information below:

Jurisdiction	Type of Registration	Date Obtained	Expiry Date

5. Have you been registered (including licensed practical nurse registration) in any other jurisdictions (including Manitoba, Canada and worldwide) in the last seven years? YES NO

If yes, please provide information below:

Jurisdiction	Type of Registration	Date Obtained	Expiry Date

6. Please indicate your advanced nursing education:

Name of School	City, Province/State, Country	Language of Instruction	Course Completion Date (mm/yy)	Education Credential

If applicable please indicate date of successful completion of the College's assessment of prior learning and clinical competence: _____

7. Select the client population for whom you provide health-care services:

- Family (all ages) Pediatric (neonatal) Adult

8. For reinstatement purposes only, have you practised a minimum of 900 hours as an RN(NP) in the last three years or 300 hours in the last year? YES NO

Authorization and Consent

I authorize the collection, use and disclosure of personal information concerning myself consistent with the confidentiality provisions set out in section 140(2) of *The Regulated Health Professions Act*.

In addition, I authorize the College of Registered Nurses of Manitoba (“the College”) to carry out the procedures necessary for the assessment of my eligibility for registration. This includes making copies of my application and any other documents provided for the purpose of assessment and/or contacting pertinent institutions or authorities to verify the authenticity of my documents and the information provided. I agree that a copy of this application and any other documents provided by me or on my behalf may be sent by the College to other regulatory bodies and/or pertinent institutions or authorities allowing them to release information to the College.

I declare that all of the information I have provided, or has been provided on my behalf, in my application is complete and truthful. This applies to this application for registration as well as all documents received during the application process (such as educational transcripts, verifications of registration and written correspondence). I understand that the College will immediately cancel my application and I may be prohibited from applying in the future if:

1. I have provided any inaccurate information
2. I have omitted required information
3. the College determines that any documents submitted by me or on my behalf during the application or assessment process have been altered, tampered with or forged.

I have read and understand the information on this form and agree to the terms stated herein.

I do solemnly declare that the foregoing information and statements are true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at _____, this _____ day of _____, 20____
City/town, province/state, country

Applicant name (please print legibly)

Applicant signature

Witness name (please print legibly)

Witness signature

Payment

All fees are non-refundable, non-transferable and include GST.

Currently, fees can only be paid via credit card over the phone or certified cheque or money order sent via Canada Post.

Please do not include a credit card number on your application. Once your application has been received, the College will contact you to arrange for payment.

Options

Method	Over the Phone	Mail
Certified cheque or money order		✓
Visa or Mastercard	✓	

Questions?

890 Pembina Hwy
Winnipeg, MB R3M 2M8

Phone: 204-774-3477 ext. 300
Toll-free: 1-800-665-2027 ext. 300 (in Manitoba)

Due with Application

Application processing fee: \$ 141.75 (including GST)



College of
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890 Pembina Highway
Winnipeg, MB R3M 2M8

P 204-774-3477
TF (Manitoba) 800-665-2027
F 204-775-7117
registration@crnm.mb.ca

Request for Verification of Registration

PART A: Applicant to complete

Please complete this page and forward BOTH pages to the registering/licensing authorities. If you require more copies, please photocopy this form.

Last name

First name

_____/_____/_____
Date of birth (yy/mm/dd)

Registration number (if applicable)

Address

City/town

Province/state

Postal/zip code

Email

I hereby give consent for release of information as requested by the College of Registered Nurses of Manitoba.

Signature

Date

PART B: Registering/licensing authority to complete

Please complete this page and forward directly to the College of Registered Nurses of Manitoba.

Name of registering board/authority

Name of nursing education program

Location

Graduation year

1. Was the above program an approved nursing education program at the time of completion? Yes No

2. Initial registration date: _____

3. Registered by: Examination Endorsement

4. Registration expiry date: _____

5. Current registration status: Practicing Non-practicing Other: _____

6. Is there a current investigation or proceeding relating to suitability to practise? Yes No

7. Has there been a finding of conduct unbecoming or professional misconduct or incompetence related to practice? Yes No

8. Has there been a finding of professional negligence or malpractice? Yes No

9. Is this registration suspended or revoked? Yes No

10. Does this registration currently have conditions attached to it? Yes No

11. Has this registration previously had conditions attached to it? Yes No

12. Name of examination written: _____

13. Date of examination: _____

Name

Position/title

Email

Signature

Date

STAMP OR
OFFICIAL SEAL:



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P 204-774-3477
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registration@crnm.mb.ca

Request for Verification of Practice Hours for RN(NP)s 2021

PART A: Applicant

Complete this section **only**. Have any employers you have worked for in the past three years complete the next section and forward it directly to us. Make copies of this form if necessary.

Last name
birth (yy/mm/dd)

First name

_____/_____/_____
Date of birth

Address

City/town

Province/state

Postal/zip code

Country

Registration number (if applicable)

Email

I hereby give consent for release of information as requested by the College of Registered Nurses of Manitoba.

Signature

Date

PART B: Employer

Please complete this section and forward the form directly to the College of Registered Nurses of Manitoba.

Place of employment

RN(NP)'s position/area of responsibility

Address

City/town

Province/state

Postal/zip code

Country

Phone

Email

Practice Hours

Please state the number of hours this employee has worked as an RN(NP) during the past three years. Do not include vacation, sick time or leaves of absence.

2018: _____

2019: _____

2020: _____

Name

Position/Title

Signature

Date

STAMP OR OFFICIAL SEAL: